

81784.0245

FORM PTO-1083

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yutaka IMAMURA et al.

Serial No: 10/040,177

Confirmation No: 9054

Filed: November 6, 2001

For: LASER OUTPUT CIRCUIT FOR OPTICAL DISK
RECORDING APPARATUS

Art Unit: 2652

Examiner: Peter Vincent Agustin

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
January 28, 2005

Date of Deposit
John P. Scherlach, Reg. No. 23,009
Signature Date 01/28/05

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that this paper and every paper referred to herein is being transmitted via facsimile to recipient at (703) 872-9306 on:

January 28, 2005

Date of Facsimile Transmission

John P. Scherlach, Reg. No. 23,009

Name

Signature Date 01/28/05

Signature

Date

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	7	-20	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	1	-3	3	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$-0- to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

John P. Scherlach
Registration No. 23,009
Attorney for Applicant(s)

Date: January 28, 2005

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701